




| QUERY CONTROL FORM                |                               | RTIS USE ONLY                  |  |
|-----------------------------------|-------------------------------|--------------------------------|--|
| Application No. <u>09/836,550</u> | Prepared by <u>S. Winslow</u> | Tracking Number <u>5923953</u> |  |
| Examiner-GAU <u>Patel - 2879</u>  | Date <u>4-16-04</u>           | Week Date <u>3-22-04</u>       |  |
|                                   | No. of queries <u>1</u>       | <u>REUSE - IF W</u>            |  |

| JACKET               |                        |                      |                |
|----------------------|------------------------|----------------------|----------------|
| a. Serial No.        | f. Foreign Priority    | k. Print Claim(s)    | p. PTO-1449    |
| b. Applicant(s)      | g. Disclaimer          | <u>l. Print Fig.</u> | q. PTOL-85b    |
| c. Continuing Data   | h. Microfiche Appendix | m. Searched Column   | r. Abstract    |
| d. PCT               | i. Title               | n. PTO-270/328       | s. Sheets/Figs |
| e. Domestic Priority | j. Claims Allowed      | o. PTO-892           | t. Other       |

| SPECIFICATION          | MESSAGE                          |
|------------------------|----------------------------------|
| a. Page Missing        | Please provide print fig.        |
| b. Text Continuity     |                                  |
| c. Holes through Data  |                                  |
| d. Other Missing Text  |                                  |
| e. Illegible Text      |                                  |
| f. Duplicate Text      |                                  |
| g. Brief Description   |                                  |
| h. Sequence Listing    |                                  |
| i. Appendix            |                                  |
| j. Amendments          |                                  |
| k. Other               |                                  |
| CLAIMS                 |                                  |
| a. Claim(s) Missing    |                                  |
| b. Improper Dependency |                                  |
| c. Duplicate Numbers   |                                  |
| d. Incorrect Numbering | Thank you initials SN            |
| e. Index Disagrees     | RESPONSE                         |
| f. Punctuation         | Please Print fig. <u>2</u> (two) |
| g. Amendments          |                                  |
| h. Bracketing          |                                  |
| i. Missing Text        |                                  |
| j. Duplicate Text      |                                  |
| k. Other               |                                  |
|                        | initials                         |

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|--|-----------------|--------------|--|
| <b>Issue Classification</b><br> | Application No. | Applicant(s) |  |
|  | 09/836,550      | CHOE ET AL.  |  |
|  | Examiner        | Art Unit     |  |
|  | Ashok Patel     | 2879         |  |

| ISSUE CLASSIFICATION         |   |          |   |       |                    |                                   |  |  |  |
|------------------------------|---|----------|---|-------|--------------------|-----------------------------------|--|--|--|
| ORIGINAL                     |   |          |   |       | CROSS REFERENCE(S) |                                   |  |  |  |
| CLASS                        |   | SUBCLASS |   |       | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |
| 313                          |   | 403      |   |       |                    |                                   |  |  |  |
| INTERNATIONAL CLASSIFICATION |   |          |   |       |                    |                                   |  |  |  |
| H                            | 0 | 1        | J | 29/07 |                    |                                   |  |  |  |
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|  |  |  |                              |                         |
|--|--|--|------------------------------|-------------------------|
| N/A<br>(Assistant Examiner) (Date)   |  | <br>Ashok Patel<br>(Primary Examiner) | Total Claims Allowed: 24     |                         |
| <br>Legal Instruments Examiner (Date) |  |  | O.G.<br>Print Claim(s)<br>20 | O.G.<br>Print Fig.<br>2 |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
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